

Maricopa County

M A R I P L A N

1999

Employee Benefit Plan Highlights



Know Your Benefits

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The information in this booklet highlights Maricopa County's benefit program.

It is intended to be a guide to help you make important decisions. The benefits described are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

Maricopa County reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Participation in any of the County's benefit plans is not a contract of employment.

If you would like more information or have any questions about your benefits, contact Employee Benefits. For more information regarding the insurance plans, please call the insurance carriers (refer to last page of this Brochure).

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One way Maricopa County recognizes your valuable contributions is to offer you a comprehensive benefit program.

We've made every effort to provide you with a quality insurance benefit package that is affordable for both you and the County. We are pleased to offer you the following benefit choices that are briefly described in this booklet. It's very important that you read all about the County's insurance benefit programs so you make the best choices for you and your family. For more details, ask the insurance carriers for the individual plan booklets and documents.

The County's benefits program includes:

- Medical Coverage
- Mental Health & Substance Abuse Program
- Dental Coverage
- Life Insurance Options
- Short Term Disability
- Reimbursement Accounts
- Group Automobile

Who's Eligible?

You can participate in Maricopa County's benefits program if you are a regular employee scheduled to work at least 40 hours per pay period.

Employees who work 60 or more hours per pay period receive the maximum or full time contributions from the County for the medical benefit plan. Employees who work 50% to 74% of their position's full time hours receive 65% of the County's full time contributions for the CIGNA medical benefit plan. However, employees who work 50% to 74% of their position's full time hours and join Health Select, receive 100% of the County's full time contribution. Dental coverage and contribution levels are the same as full time employees. Please see the premium rate schedule on page 10.

Note: Part time employees are not eligible for the cash benefit if waiving medical coverage (see "How Do I Enroll?" on page 4).

Temporary employees are not eligible to participate.

Are My Dependent's Covered?

A legally married spouse and eligible children can be covered by the plans. Your unmarried children can be covered if they are under age 19 or a full time student under the age of 25. A student's full time status is determined by the educational institution.

Eligible children include natural and adopted children, stepchildren, children who have been placed for adoption, and children for whom you or your spouse is the court-ordered legal guardian.

Children with mental or physical disabilities can be covered past age 19 as long as you or your spouse provide at least half their support and claim them as a dependent on your income tax return. You must provide documentation of your dependent's disability to the carriers.

When Does Coverage Start?

Benefits will start the first pay period following 14 days after completed forms are submitted. If paper work is not received within 60 days of employment, you will default to HealthSelect, the MIHS network with single coverage and basic life only.

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How Do I Enroll?

New Hires – You should attend the Employee Orientation enrollment meetings to receive benefit plan information.

If you are not scheduled to attend this meeting, please ask your supervisor for assistance in obtaining your enrollment materials.

Forms are due in the Benefits office within 60 days of your hire date. To prevent a delay in your coverage or a default into Health Select, the forms should be turned in as soon as possible. Once coverage is elected and 60 day period expires, no change in benefits will be allowed until next open enrollment, unless you have a qualified family status change as defined under IRC Section Code 125.

It's the employee's responsibility to contact the Employee Benefits Office to obtain enrollment materials for the benefit plans.

The County may provide that if a participant waives coverage under the Medical Plans, then such Participant may receive an amount of cash from the County. Receipt of funds is not allowed if you are Medicare eligible.

How Much Do My Benefits Cost?

Premiums are deducted every payday. Please understand it is **YOUR** responsibility to check your pay stub each payday to see that correct deductions are made.

If there is a clerical error, either the County will reimburse you, or you will reimburse the County, for the difference.

Deductions for the medical, dental and reimbursement spending account plans are taken from your pay before taxes are deducted. The tax savings reduces the net cost of your benefits.

What If I Go On A Leave of Absence?

- The Maximum period of time the County will continue its contribution for employees who are on Family Medical Leave is 90 days.
- The Maximum period of time the County will continue its contribution for employees who are on an approved personal leave of absence is 90 days.
- The Maximum period of time the County will continue its contribution for employees who are on an approved medical leave of absence is 180 days.

You must continue to pay your portion of the insurance premium in order to receive County contributions. Non-payment of premium will result in coverage **cancellation** effective the last day of the pay period in which premium was paid. If coverage is canceled by you or as a result of non-payment of premium during any leave of absence without pay, your coverage **may** be reinstated with no waiting period and with no-pre-existing condition limitations upon your return to a benefit eligible active employment status with Maricopa County.

When Does Coverage End?

Coverage ends the last day of the payroll period in which premium was paid or the last day of the payroll period in

which the employee ceases to be in a benefit eligible position, whichever comes first.

When Can I Make Changes?

Maricopa County's Cafeteria Plan allows a participant to revoke a benefit election during the plan year under the following condition: if the revocation or re-enrollment is due to a qualified family status change and consistent with the status change as defined under IRC Section Code 125. Benefit election changes are consistent with family Status Changes only if the election changes are necessary or appropriate as a result of the family status change.

If you have a family status change any time during the year, you can change the level of your coverage (for example, from "Employee Only" to "Employee and Family") if you do so within 31 days of the family status change event. You cannot switch from one plan to another. Special Rules apply to Life Insurance and Short Term Disability.

It is the responsibility of the employee to submit the change request on an enrollment/change form within 31 calendar days of a family status change. Retroactive changes may not be allowed unless otherwise required by law.

Examples of Qualified Family Status Changes as permitted by IRC Section Code 125

- **Add a Dependent**
 - Marriage
 - Birth
 - Adoption of a child
 - Legal Guardianship of a child
 - Qualified Medical Child Support Order
- **Lose a Dependent**
 - Divorce
 - Legal Separation
 - Death
 - Dependent Child reaches limiting age of contract
- Change of Spouse's Employment
- **Switching** from part time to full time employment (or vice-versa) of the employee or the employee's spouse which affects the availability of benefits.
- **An unpaid leave** of absence by either the employee or the employee's spouse.
- **A significant change in health coverage** of the employee or the employee's spouse attributable to the spouse's employment.

It is the responsibility of the employee to provide a family status change request to Employee Benefits within 31 days of the change event.

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CIGNA HealthCare (POS)

Group # 2404072

CIGNA allows you to select your provider from two provider networks. There is also an out-of-network option with reduced benefits.

Your in-network coverage gives you the highest level of coverage at the lowest cost. You must identify a Primary Care Physician (PCP) when you initially enroll. Your PCP is the key to maximum benefits with low co-payments. There are no deductibles and no claim forms to fill out.

Each family member can choose his/her own PCP from the CIGNA Health Care Center directory or the Private Practice directory. A PCP can be a Family Practice Physician, Internal Medicine Doctor, or a Pediatrician. You can not split your PCP choices between the CIGNA Health Care Center directory and Private Practice directory. You may change doctors at any time. In order to receive in-network coverage for a specialist, you must have a referral from your PCP.

Out-of-network coverage allows you to see any doctor but you will be responsible for deductibles and co-payments. You may also be required to pay any amount over the usual and customary fees as determined by CIGNA.

Preventive care is not covered out-of-network. For out-of-network coverage you will need to file a claim for reimbursement of your medical expenses.

CIGNA has an open formulary for prescription drugs. Coverage is provided through RxPRIME, a CIGNA owned company. RxPRIME has a \$5 copay for each 30-day script. There is also a mail order drug program that provides 90 day scripts of maintenance drugs for a \$10 copay.

CIGNA provides a chiropractic and limited Alternative medical benefit.

Maricopa County also includes a Vision benefit through SightCare for CIGNA plan participants.

Pre-Existing Limitation

Applies only to the CIGNA out-of-network and mental health and behavioral health program.

A pre-existing condition is any illness or injury that is diagnosed or treated during a 90-day period immediately before your effective date of coverage under this plan.

Under the Health Insurance Portability and Accountability Act (HIPAA), you will receive credit toward a pre-existing waiting period for any group health care coverage you had. You must provide a certificate from your previous employer which documents there was no more than a 63-day period between termination of your prior health coverage and employment with the County.

HealthSelect

HealthSelect allows you to choose between two separate HMO provider networks. Both networks offer identical plan benefits. The networks are:

Maricopa County Integrated Health System (MIHS)

MIHS uses the Family Health Centers (FHC) and a private network of physician's offices strategically located throughout the valley.

Community Connection™

Community Connection™ offers a private network of primary care physicians located throughout Maricopa County. Included in the network is a selection of pharmacies and private dentists.

The following information applies to both networks:

You must choose between the networks. Each family member may choose his or her own Primary Care Physician (PCP). A PCP can be a Family Practice Physician, Internal Medicine Doctor, or a Pediatrician. You can not split your doctor choices between the networks. You and your family may change your PCP at any time. You must remain with your chosen network until the next open enrollment period.

Additional benefits offered by Health Select:

- No deductibles
- Low copayments
- No claim forms
- \$5 copayment for prescriptions
- Basic dental services for children up to 19 years
- Limited dental services for adults
- \$120 per person, per year, eye wear and hearing aid Benefit available
- Limited Chiropractic and Alternative medical benefit.

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under Internal Revenue Service Section Code 125 in order to change your medical, dental, or reimbursement accounts after January 1, 1999. Please review this brochure for further information on how to make changes to your insurance plans during the plan year.

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Medical Benefits Comparison Chart

<i>Benefit</i>	<i>CIGNA POS</i>		<i>HealthSelect</i>
	In Network	Out of Network	
Calendar year Deductible	None	\$300/person \$900/family	None
Co-Insurance Per Calendar Year	100%	70% covered expenses up to \$6,000/calendar year; then 100%	None
Lifetime Maximum Benefits	Unlimited	\$1,000,000	Unlimited
Pre-existing Conditions	N/A	90 days treatment- free or 12 months of coverage	N/A
Preventive Care	\$5 copay	Not Covered	\$5 copay
Doctor's Office Visits	\$5 copay	70% coinsurance after deductible	\$5 copay
Prescription Drugs	\$5 copay. 30 day supply generic. Extra cost of brand over generic is responsibility of subscriber (Must use RxPrime Network)	\$5 copay. 30 day supply generic. Extra cost of brand over generic is responsibility of subscriber (Must use RxPrime Network)	\$5 per prescription at participating pharmacies of chosen provider network. Must be in HealthSelect's formulary for coverage. Maximum 30 day supply or 100 unit supply at a time (not to exceed 30 days).
Injectable Medications & Allergens	\$5 copay	70% coinsurance after deductible	\$5.00 co-pay (on formulary)
Inpatient Hospital (including Doctor & facility charges)	100%	70% coinsurance after deductible	No charge
Surgery	100%	70% coinsurance after deductible	No charge
Outpatient Hospital	100%	70% coinsurance after deductible	No charge
Outpatient Lab & X-Ray	100%	70% coinsurance after deductible	No charge
*Emergency Facility	Emergency Room \$50 copay then 100%	\$50 copay then 100% if meets emergency treatment criteria	\$50 co-pay (waived if admitted to hospital).
Ambulance medical emergency only	Urgent Care Facility \$20 100%	100%	Urgent Care \$5 co-pay No charge

* You are responsible for notifying your carrier with 48 hours of receiving emergency room services. All emergency room services must meet carrier criteria for in-network coverage.

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Medical and Ancillary Benefits Comparison Chart

Benefit	CIGNA POS In Network	CIGNA POS Out of Network	HealthSelect
Mental Health & Substance Abuse	See Mental Health Substance Abuse Section	See Mental Health Substance Abuse Section	See Mental Health Substance Abuse Section
Outpatient Rehabilitation	\$5 copay	70% coinsurance after deductible;	\$5 copay
Physical Therapy Speech Therapy Occupational Therapy	60 visits per condition	60 visits per condition	60 visits per condition
Alternative Medicine	6 visit, self-referred to designated network; \$60 supplies	6 visit, self-referred to designated network; \$60 supplies	Assessment plus 4 visits; no prior authorization. \$10 co pay \$35 supplies
Hearing Aid	100% standard model	70% coinsurance after deductible	\$120 allowance
Chiropractic	\$5 if Primary Card Physician authorized	70% coinsurance after deductible	Assessment plus 6 visits; \$10 copay no prior authorization from PCP or Plan.
Dependent Children – unmarried and legally dependent upon employee and/or spouse	Covered to age 19 unless full time student and then up to age 25	Covered to age 19 unless full time student and then up to age 25	Covered to age 19 unless full time student and then up to age 25
Vision Benefits	Benefits through SightCare Nationwide Vision Network	Benefits through SightCare Private Doctor Network	Maricopa Health Systems - Family Health Centers & Community Connection - Nationwide Vision Centers
Eye Exam	1 routine eye exam per year See your SightCare Vision Brochure for details	1 routine eye exam per year \$10 copay See your SightCare Vision Brochure for details	1 routine eye exam per year \$5 copay
Eyeglasses or contacts	eyeglasses or contacts every 24 months See your SightCare Vision Plan for details	eyeglasses or contacts every 24 months See your SightCare Vision Plan for details	\$120 annual allowance available for eyeglasses and contact lenses

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Mental Health And Substance Abuse Benefits

When you enroll in a County medical plan, you will automatically be enrolled in the Managed Mental Health & Substance Abuse Program (MHSA). Your eligible dependents must also be covered under your County medical plan in order to be covered by MHSA. This program provides benefits for mental health and substance abuse disorders. There is no additional premium cost for you to participate in the program.

If you waive your medical coverage, you are not covered for MHSA.

There is a pre-existing condition limitation. If you or a covered dependent has been treated for a behavioral health condition in the three months prior to coverage, no behavioral health benefits will be payable until the member is treatment free for three months or simply covered for 12 months. Treatment is considered

diagnostic services, consultation or prescription drugs. For exceptions to this, please see HIPPA regulation.

There are three ways to access MHSA:

- ◆ Managed Mental Health & Substance Abuse Plan 24 hours-a-day Help Line
- ◆ Maricopa County Employee Assistance Program
- ◆ Sheriff's Office Psychological Services (Sheriff's Office Employees)

Through these services you can receive confidential counseling whenever you or a covered dependent is faced with a personal challenge. Provided below is a summary of the benefits. It is IMPORTANT you understand that for any benefits to be paid, any and all services must be pre-approved by Managed Care Counseling (MCC), the program manager.

Type of Treatment	Treatment through MCC Clinical Group Providers & Approved by MCC	Treatment NOT through MCC Clinical Group Providers But Approved by MCC
Outpatient Care -		
Individual therapy	100% after you pay \$10	\$25 benefit per session
Group therapy	100% after you pay \$10 (combined visit limitation; 30 sessions per year)	\$25 benefit per session
Intermediate Care		
(Intensive out-patient care)	\$12.50 co-pay/day	Not covered
Inpatient Care		
Detoxification	\$25/day	Not covered
Other inpatient treatment		
(b per confinement)		
Prescription Drugs	Covered by medical plan	Covered by medical plan
X-Ray & Lab		
(in connection with treatment plans)	100%	Not Covered
Other Medically Related Charges	May be covered by medical plan under applicable rules	May be covered by medical plan under applicable rules
Pre-Existing conditions Limitation	3 months treatment-free or 12 months of County medical plan coverage	3 months treatment free or 12 months of County medical plan coverage

To receive any benefit under the plan, MCC must certify that the treatment is medically necessary before you start treatment.

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United Dental Group # 82458

United Dental Care has designed the 385AZ Dental HMO plan and installed an expanded Dental Network to replace the Associated Health Plan (AHP) program. The new comprehensive 385AZ Dental HMO plan will provide services such as a \$3.00 office visit co-payment, no charge exams, no charge x-rays, and no charge for semi-annual cleanings. We have enhanced our Benefit Schedule by adding services for cosmetic bleaching, veneers, I.V. sedation and general anesthesia. Additional comprehensive services are available at a reduced co-payment. Specialty care is now self-referred and available at either a fixed co-payment if provided by a Preferred Specialist or at a 25% discount off of usual and customary fees for all other contracted specialists.

Along with a 25% larger network, the new Dental HMO plan offers the option for each family member to select their own Family Dentist from the United Dental Care Directory of Dentists.

Delta Dental Group # 2723

Delta dental offers you freedom-of-choice in providers. If your dentist is a Delta Participating dentist (almost 80% of all Arizona Dentists are), you only pay your copayment and deductible, if applicable, for covered services. Your dentist files the claim form for you and Delta pays your dentist on the basis of their own pre-filed fee or Delta Dental's allowable fee, whichever is less. If your dentist is not a Participating Dentist, you will be responsible for filing the claim form and paying your dentist. Delta's payment will be made according to the dentist's billed charges or Delta's non-participating fee allowance, whichever is less, and mailed directly to you. Out-of-state claim payments are based on Arizona allowable levels.

Type of Service	United	Delta
Network & Fee Basis	Provided by contracted United dentist	In-network: Delta Fee Schedule Out of Network: Usual and Prevailing Fees
Preventative		
Cleaning (2X annually)	No Charge	No Charge
Office Visit co-pay	\$3.00	
Oral exams	No Charge	No charge/maximum 2 visits per year (including cleanings.)
Fluoride	No Charge	No Charge. for children under 17
X-rays- 2 films	No Charge	No charge
Deductible	None	\$50.00 per person/\$100 per family
Restorative		
Amalgam (2 surface permanent)	\$8.00	80%/ silver amalgam; and for front teeth only - synthetic tooth colors fillings.
Sealant for Children	\$10.00 per tooth	80% (Once every 3 years through age 18)
Oral Surgery	\$3.00 for simple Routine extraction	80%
Endodontics	Root Canal-Anterior \$125 Root Canal-Bicuspid \$145	80%
Periodontics	\$45-full mouth Debridement \$48- Perio Scaling, and root planing, per quadrant.	80% 80%
Emergency treatment for pain relief	Reimbursement of a maximum \$50.00	80%
Prosthodontics		
Porcelain w/metal Crown	\$235	50% (covered every 5 years)
Complete Dentures	\$275	50%
Partial Dentures	\$285-\$305	50%
Annual Maximum per person	No Maximum	\$1,500
Orthodontic Services		
	Under Age 19 Maximum \$1,000 to \$2,250, 19 & over \$1,150 to \$2,450	\$1,000 lifetime benefit (Separate from calendar year maximum.)

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Life Insurance Plans

We realize how important life insurance protection is to you and your family. That's why we pay for basic life. We also offer four levels of supplemental coverage which includes AD&D coverage and two levels of dependent life coverage you can buy.

Basic Life

Group # GL 28284-7

The County provides you with basic life Insurance of 1x annual salary or \$40,000, whichever is less, at no cost to you.

Supplemental Life

Group # GL 36121-6

If you want additional protection, you can purchase supplemental life and AD&D insurance. You can elect coverage in amounts of 1x, 2x, 3x or 4x your annual salary. If you elect more than \$300,000, you will have to provide evidence of good health. The maximum coverage you can have is \$500,000 (basic and supplemental combined).

If you want to increase your supplemental life more than one level during open enrollment, you will have to provide evidence of good health.

If you don't enroll in supplemental life when you are first hired, you can only do so within 31 days of:

- ♦ the date you acquire your first dependent, whether spouse or child, or
- ♦ the date evidence of good health that you submitted is approved.

Terminal Illness Benefit

If you are diagnosed with a terminal illness, you may request 50% of your supplemental life insurance benefit or \$50,000 whichever is less.

Special Rates for Non-Smokers

As a way of showing the County's commitment to good health, we offer a reward for leading a healthier lifestyle. If you are a non-smoker, you will have a lower life insurance premium than smokers.

Dependent Life

In addition to life insurance for yourself, you can choose life insurance for your eligible dependents.

Note: If your spouse is an employee of Maricopa County, only one of you may elect dependent life.

You can choose the following Dependent Life amounts:

COVERAGE FOR:	OPTION A	OPTION B
SPOUSE*	\$10,000	\$5,000
CHILD(REN)**	\$5,000	\$2,500

*Spouse coverage cannot exceed 50% of employee's coverage.

**Age limit 14 days to 19 years (age 25 if full-time student)

When you or your spouse reaches age 70, life insurance will be reduced to 45% of the original amounts; at age 75 life insurance will be reduced to 30% of the original amounts and at age 79 coverage is reduced to 20% of the original amounts.

Conversion

You can convert your basic life and dependent life benefit to a whole life policy upon termination.

The supplemental life insurance is portable so you can elect to keep this coverage and pay the amount you were paying via payroll deductions plus an administrative fee. Please contact Employee Benefits for more information.

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Your Short Term Disability Benefits

The Short Term Disability plan pays benefits if you are unable to work and lose income because of a covered illness or injury.

You can choose one of these benefit levels, subject to a \$2,000 maximum bi-weekly benefit.

- 40% of weekly salary
- 60% of weekly salary
- 50% of weekly salary

Benefits begin after 30 consecutive days of disability. Benefits are paid bi-weekly for five months or until your disability ends, whichever comes first.

Your benefit will be reduced by any income that you receive, including but not limited to:

- County-provided sick pay/PTO/FML
- County paid donated leave
- Workers compensation
- All retirement or disability benefits from any State or Government plan
- All Veteran's disability pension benefits if received for the same disability

If you have another disability in less than two weeks after you've been back to work, it will be considered the same disability, unless it is unrelated to the previous one. No new disability period will begin until you have been back to work for at least one full pay period.

Pre-existing Condition Limitation for STD

If you have a disability for which you received treatment (Including diagnostic services and prescription drugs) within 90 days before your coverage became effective, no benefits will be payable for that condition until you have been treatment-free for three months or covered by the plan for twelve months.

Mariflex Reimbursement Accounts

Reimbursement Spending Accounts allow you to pay for eligible health care and dependent care expenses and save money on taxes at the same time. Once a year you decide how much you want to put into your account(s). That amount is taken from your pay and deposited into your account(s) in equal installments. Then, when you have eligible expenses, you file for reimbursement (original receipts must accompany form) from your account(s).

You make deposits to your account(s) with pre-tax dollars. This means your deposits come out of your pay before income taxes and Social Security taxes are deducted. This reduces the income that you have to pay taxes on.

Maricopa County has two reimbursement accounts, a Health care Account and a Dependent care (day care) Account.

Through the health care account you can pay for expenses that you or any IRS eligible dependent incurs (subject to approval by the Internal Revenue Service) that aren't covered in your medical & dental plans. You can also pay for deductibles and copays from your health care account. Through the dependent care account you can pay for expenses related to the care of your dependent so you can work; such as day care.

Money deposited into a Spending account must be used by the end of the plan year or it is forfeited.

Our reimbursement account program is called "Mariflex".

If you are interested and would like more information, call Employee Benefits.

This program (under IRC Section Code 125) also allows you to make payroll deductions for your Maricopa County healthcare medical and dental premiums on a tax-free basis.

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Insurance Rates

Active Employees - Insurance Premium Rates 1999

Important Reminder: Payroll deductions for the insurance plans will be taken each payday, a total of 26 paydays per Calendar Year. Premiums listed reflect the Bi-weekly payroll deduction. Actual Premium deduction may vary by 1 or 2 cents due to Rounding.

The following medical insurance plan costs include the cost of the Managed Mental Health Substance Abuse Program.

Medical Insurance Plan Cost

	County Contribution 75% to 100% Full Time	Employee Cost	County Contribution 50% to 74% Full Time	Employee Cost
CIGNA HealthCare				
Employee Only	\$ 74.05	\$ 2.28	\$ 48.13	\$ 28.20
Employee plus Spouse	\$126.90	\$ 30.29	\$ 82.48	\$ 74.70
Employee plus Child(ren)	\$117.70	\$ 25.36	\$ 76.51	\$ 66.55
Employee plus Spouse & Child(ren)	\$161.31	\$ 48.74	\$104.85	\$105.20

HealthSelect / Community Connection

Employee Only	\$ 74.05	\$ 0.00	\$ 74.05	\$ 0.00
Employee plus Spouse	\$126.90	\$ 6.64	\$126.90	\$ 6.64
Employee plus Child(ren)	\$117.70	\$ 4.06	\$117.70	\$ 4.06
Employee plus Spouse & Child(ren)	\$161.31	\$32.39	\$161.31	\$32.39

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under the SECTION 125 CODE in order to change your medical, dental or reimbursement accounts after January 1, 1999. Please review the "Mariplan Brochure" for further information on how to make changes to your insurance plans during the course of the plan year.

Dental Insurance Benefits Costs

	Bi-weekly County Contribution	Bi-weekly Employee Cost
United Dental		
Employee Only	\$ 1.63	\$ 1.63
Employee plus Spouse	\$ 3.59	\$ 3.59
Employee plus Child(ren)	\$ 3.69	\$ 3.69
Employee plus Spouse & Child(ren)	\$ 4.82	\$ 4.82
Delta Dental		
Employee Only	\$ 4.24	\$ 4.24
Employee plus Spouse	\$ 9.36	\$ 9.36
Employee plus Child(ren)	\$10.11	\$10.11
Employee plus Spouse & Child(ren)	\$13.00	\$13.00

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Short Term Disability Plan Insurance Rates

Paid by Employee

**Bi-weekly Rate
Multiple of Pay**

Multiply Your Bi-weekly Base Pay By The Following Rate:

Option 1: 40% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0040
Option 2: 50% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0050
Option 3: 60% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0060

Life Insurance Rates

Basic Life

1X Salary up to \$40,000 **Paid by Maricopa County**

Supplemental Life Insurance Rates

Paid by Employee

Terminal Illness; Portability; AD&D

Employees can elect 1,2,3 or 4 Times Annual Salary up to \$300,000.

Cost per \$1,000 of Coverage and by age as of birthday month.

	Bi-weekly Smoker Cost	Bi-weekly Non-Smoker Cost
Under age 35	\$0.050769	\$0.032308
35-39	\$0.101538	\$0.050769
40-44	\$0.138462	\$0.069231
45-49	\$0.267692	\$0.133846
50-54	\$0.475385	\$0.244615
55-59	\$0.493846	\$0.272308
60-64	\$0.756923	\$0.452308
65-69	\$0.923077	\$0.609231
70 and Older	\$1.518462	\$1.121538

Dependent Life Insurance Costs

Paid by Employee

	Option One	Option Two
Spouse	\$5,000	\$10,000
Children (age 14 days to 19 years 25 years if full time student)	\$2,500	\$ 5,000
Bi-weekly Employee Cost:	\$0.54	\$1.09

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IMPORTANT PHONE NUMBERS

Maricopa County Human Resources Maricopa County
Administration Building
301 West Jefferson Street Suite 201
Phoenix, Arizona 85003-2145

EMPLOYEE BENEFITS **506-1010**

EMPLOYEE BENEFITS FAX 506-2354

PAYROLL **506-3519**

Cobra Administration

Administrative Enterprises, Inc. 789-1170

Medical Plans

CIGNA HealthCare 800-832-3211

Emergency/Urgent Care 800-832-3211

RxPrime 800-832-5579

Tel-Drug Mail Order 800-835-7843

HealthSelect

Maricopa Integrated Health System 681-8760

Community Connection 824-3700

Vision Plans

HealthSelect Vision 681-1015

SightCare 961-1702

Dental Plans

United 800-456-2345

Delta Dental 800-352-6132

Life Insurance Plan

ReliaStar 956-3993

Mariflex

Claims Admin. 800-659-3035

Short Term Disability Plan

UNUM 1-800-345-6495 X4288

Employee Assistance Program

In County 264-4600 Press 2

OUTSIDE MARICOPA 1-800-327-3517 PRESS 2

Behavioral Health Care Plan (MCC)

Help Line (24 hours a day) 1-800-343-2183

Group Automobile

Milne-Scali & Company 395-9111

Retirement Programs

Arizona State Retirement 240-2000

Public Safety Personnel Retirement 255-5575

PEBSO Deferred Compensation 266-2733

PAYROLL SCHEDULE 1998 -1999

<u>Beginning</u>	<u>Ending</u>	<u>Pay Days</u>
December 14, '98	December 27, '98	December 31, 1998
December 28, '98	January 10, 1999	January 15
January 11	January 24	January 29
January 25	February 7	February 12
February 8	February 21	February 26
February 22	March 7	March 12
March 8	March 21	March 26
March 22	April 4	April 9
April 5	April 18	April 23
April 19	May 2	May 7
May 3	May 16	May 21
May 17	May 30	June 4
May 31	June 13	June 18
June 14	June 27	July 2
June 28	July 11	July 16
July 12	July 25	July 30
July 26	August 8	August 13
August 9	August 22	August 27
August 23	September 5	September 10
September 6	September 19	September 24
September 20	October 3	October 8
October 4	October 17	October 22
October 18	October 31	November 5
November 1	November 14	November 19
November 15	November 28	December 3
November 29	December 12	December 17
December 13	December 26	December 30 (Thursday)